

*Recovery Ally*

# Recovery Ally Handouts

These materials serve as a companion packet to the full Recovery Ally training video and presentation.



SUBSTANCE USE DISORDER  
**ALLY TRAINING HUB**  
Virginia Department of Social Services



# **Recovery Ally Program Companion Packet**

## **What is a Recovery Ally program?**

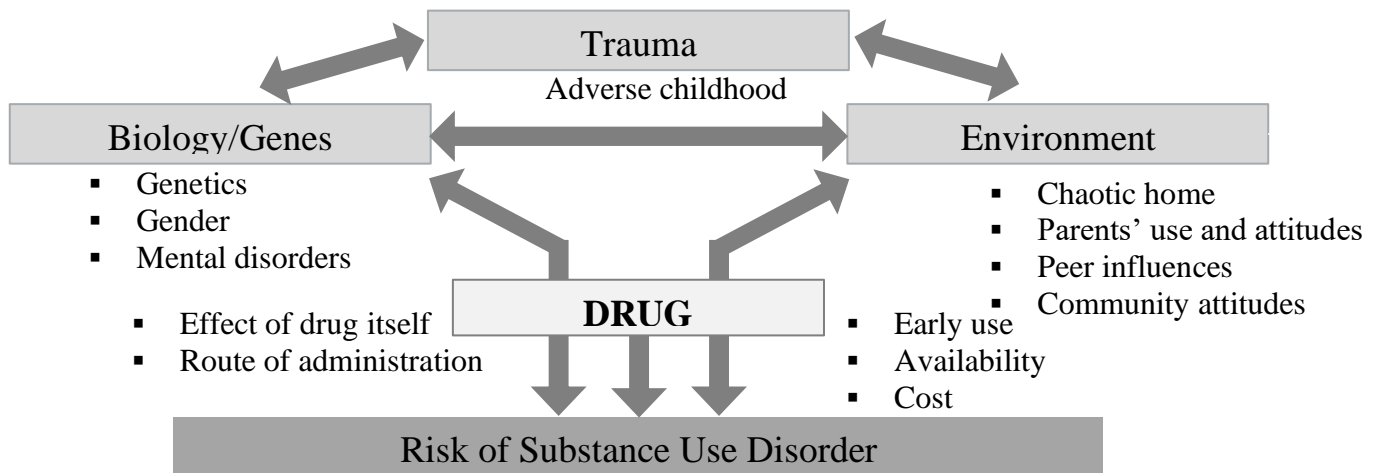
Recovery Ally Programs train individuals to be supportive of people in recovery from substance use disorders. By the end of this training session, attendees should be able to demonstrate empathy towards those in recovery by:

1. Understanding that recovery is a long-term process with unique implications for student success.
2. Confronting myths and stigma regarding addiction and recovery.
3. Using appropriate language related to addiction and recovery.
4. Being available to listen openly to students who express the need for help or support and talk to students who might be struggling with substance use.
5. Knowing what resources Richmond has for people in recovery and how to access those services.

## Module 1: Prevention & Risk

Addiction science is a constantly evolving field, and we are regularly coming to new conclusions that affect our understanding of substance use disorder prevention and treatment. It is beyond the scope of this training to provide a thorough explanation of this vast and dynamic field, but below are some basic concepts that may help you to be an empathetic ally.

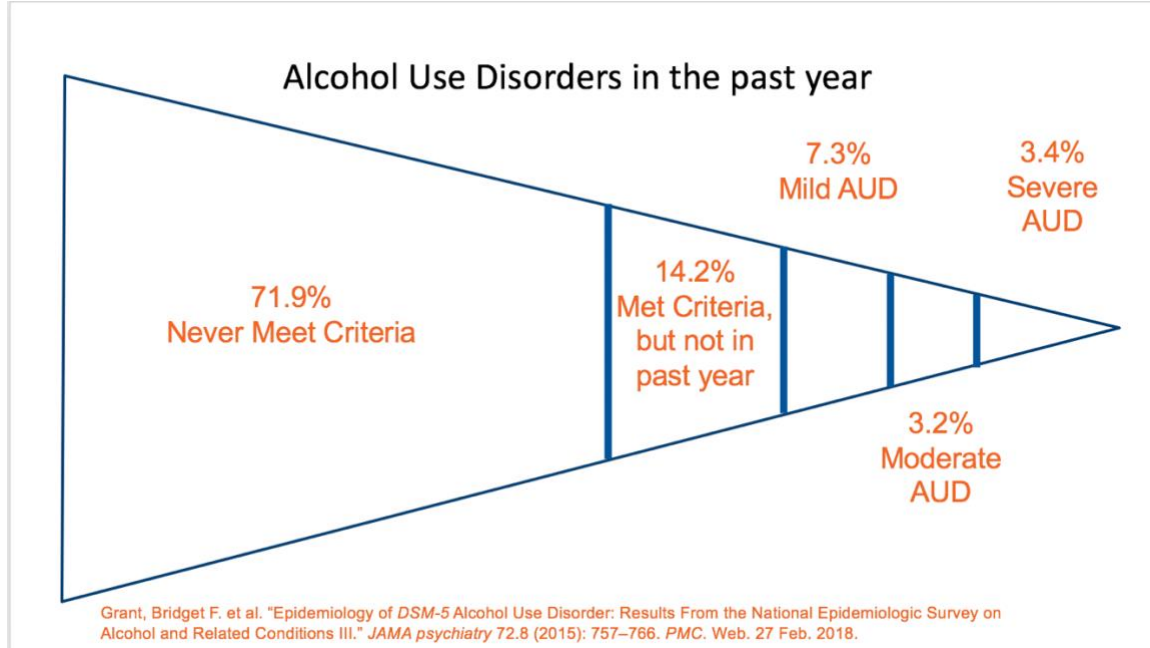
If you want to learn more about addiction, consider reading the Surgeon General's landmark report [\*Facing Addiction in America\*](#) (U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, 2016)<sup>15</sup> or viewing videos from the [VCU College Behavioral and Emotional Health Institute](#) (COBE) Town Hall.



People's motivations for use vary according to environment, trauma and genetics, but generally research demonstrates people use substances for five main reasons:

- Curiosity
- To fit in
- To feel good (celebrating)
- To feel better (coping)
- To perform better

Substance use (and related disorders) occur on a continuum. Most people who use any substance do not develop a disorder or addiction.



## Genetic Risk

Genetic factors are estimated to account for 40-70% of individual risk for addiction. (Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health., November 2016) While few specific genes which convey risk has been accounted for, this risk is likely spread across hundreds or thousands of genes. Much of the genetic risk for addiction, likely is conveyed through personality, which is relatively stable throughout the life course and can be identified early in childhood.

Personality Traits that convey risk for substance use disorders:

- Sensation seekers/Risk Takers – An externalizing personality trait, risk takers are more likely to experiment and try substances. While motives are often to have fun and socialize, their experimentation puts them at higher risk for substance use disorders.
- Impulsivity – Individuals who struggle with impulsive decision making, are at higher risk for addiction which in turn accelerates impulsive decision making.
- Anxiety Sensitivity – High anxiety sensitivity leads to risk for addiction because individuals may use substances to cope with anxiety. While less likely to initiate use, using to cope is a riskier behavior than using to feel good or experiment.
- Negative Thinking – Individuals prone to negative thinking also are more susceptible to this risk pathway of "using to cope".

These risk pathways are measured by the Substance Use Risk Profile Scale, a helpful tool for working with young people and even those struggling with use. Recovery will likely need to address these risk profiles in order to be effective (Woicik et al., 2009). A copy of this tool can be found in the [Recovery Ally Toolkit](#).

## Module 2: Chronic disease, Addiction and the Brain

Substance use disorders are similar to other complex, chronic diseases

Substance use disorders have relapse or noncompliance rates similar to other complex, chronic diseases (McLellan, Lewis, O'Brien, & Kleber, 2000):

Disease	Percent who relapse
Drug use disorders	40-60%
Type 1 diabetes	30-50%
Hypertension	50-70%
Asthma	50-70%

While there is no “cure,” addiction can be managed, much like other chronic diseases. Addiction changes the brain, but people can regain a lot of brain functionality with long-term abstinence (Volkow, Chang, & Wang, 2001). This makes it even more important to support people as they work on maintaining abstinence.

### Models of care

The acute care model—like treating a broken bone—has dominated addiction treatment. But addiction is a chronic disease and should be treated as such (Kelly & White, 2011):

Acute Disease Model	Chronic Disease Model
Expects people to achieve, complete, and endure recovery following a single, brief episode of treatment; terminates the service relationship after treatment	Continuing care interventions to enhance the durability and quality of recovery maintenance
Crisis-oriented response	Doesn't limit number of recovery attempts
Professionally dominated decision making	Emphasis on peer and indigenous recovery supports
Punitively discharges clients for becoming symptomatic	Doesn't discontinue help when a person is symptomatic
Treatment in serial episodes of self-contained, unlinked interventions	Emphasizes a sustained continuum of pre-recovery, treatment and post-recovery supports

As an ally, you can understand that addiction and recovery require ongoing care and be empathetic when people struggle with this chronic disease.

## Post-Acute Withdrawal Syndrome

What is Post-Acute Withdrawal Syndrome (PAWS)?

- Acute withdrawal happens immediately after someone stops using drugs and is what people think of when they imagine “withdrawal”
- Post-acute withdrawal happens afterward and can last for much longer (Dickerson, 2012)
  - This isn’t a diagnostic term because there is no widely accepted definition
  - Thus, no set time-frame—could be weeks, months, years or longer

What are the symptoms of PAWS that could affect student success?

- **Mood and emotions:** anxiety, anhedonia, depression, mood instability, hostility, irritability, dysphoria/emotional numbness, overreaction or inappropriate reactions
- **Sleeping:** insomnia, fatigue, nightmares, sleep apnea, interrupted sleep
- **Physical:** unexplained pain, coordination problems
- **Cognitive:** difficulties concentrating and thinking, problems with impulse control, difficulty making decisions, difficulty completing logical thoughts, seeing cause and effect, recognizing organized themes, setting priorities, and abstract reasoning
- **Memory:** short-term memory loss, difficulty learning new skills
- **Stress sensitivity:** symptoms get worse during periods of high stress

What are some ways an ally can help a someone with PAWS?

- Assist with setting priorities and time management through reminders and goal setting
- Be understanding when people have inappropriate emotional reactions or difficulty concentrating
- Check in on the person regularly in a non-judgmental way
- Refer the person to resources, such as the counseling and peer support
- Understand that healing will take time and not rush the process.

PAWS is similar to the symptoms experienced after a concussion or traumatic brain injury – so the accommodations for a friend with PAWS might be similar as well.



## Module 3: Language, Stigma and Recovery

Social stigma is the disapproval or shaming of a person or group of people based on some distinguishing characteristic, such as drug use, addiction or being in recovery (Clair, 2018). This is sometimes due to explicit beliefs – for example, the myth that drug use represents a moral failure – and sometimes is shaped by societal forces like media, policy and language.

As a recovery ally, you can fight stigma by:

- Avoiding words like “abuse,” “alcoholic,” or “addict”
- Elevating and celebrating the many pathways to recovery, gratitude, and words like “person with a substance use disorder”
- Sharing the many diverse stories of recovery
- Highlighting the recovery, not the addiction

Abandon the terms “clean” and “dirty” in regard to drug use and recovery.



## What is a substance use disorder?

“Substance use disorder” is a clinical term used in the Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> edition, for clinically defining the spectrum of problematic substance use (American Psychiatric Association, 2013). This is a catch-all term for problems with any drug – alcohol, cannabis, opioids, tobacco, etc. The DSM-5 no longer uses the terms substance abuse and substance dependence, rather it refers to substance use disorders, which are defined as mild [2-3 symptoms], moderate [4-5 symptoms], or severe [6+ symptoms] to indicate the level of severity, which is determined by the number of diagnostic criteria met by an individual.

Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

Below is a list of diagnostic criteria:

- Using more than intended (in quantity, frequency or duration of use)
- Withdrawal symptoms
- Wanting to reduce use or stop, but not being able to
- Craving for the substance
- Giving up important activities because of substance use
- Continuing to use despite danger
- Inability to manage commitments due to substance use
- Spending lots of time obtaining, using and recovering from use
- Continuing to use despite negative consequences in relationships
- Continuing to use despite making physical or psychological problems worse
- Increasing tolerance (i.e., needing more of the substance to feel the same effect)

**Your job as an ally is not to diagnose anyone** – but if these sound familiar, you now know where to find help on campus.



Only a licensed clinician or mental health professional can determine whether someone really has a disorder. As an ally, you can understand that substance use disorders happen along a spectrum, express compassion and concern if you recognize these symptoms in yourself or others, practice empathy toward those with substance use disorders and celebrate the achievements of those in recovery. (American Psychiatric Association, 2013) & (U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, 2016).

## Current Terminology for Substance Use Disorders

Words are powerful. They can discourage, shame, isolate and embarrass. They can even change the way you think about and treat people (Botticelli & Koh, 2016). It's essential to use words that clarify, encourage, and unify the recovery community. Below is a list of some of the useful terms to describe aspects of substance use and recovery:

What to say	What it means	What not to say
Person who uses drugs	Someone who ingests substances to alter their state of mind without the direction of a clinician; does not necessarily imply misuse	Drug user
Person with substance use issues; person with a substance use disorder; person in active addiction	Someone who is using drugs in a problematic way. The term "substance use disorder" is typically reserved for the medical condition as diagnosed by a clinician. "Addiction" usually refers to a severe substance use disorder.	Addict, junkie, druggie, alcoholic, pothead, drug abuser, etc.
Substance use	Using neutral language towards use. The term misuse is limited to using prescription medication in a way other than prescribed	Abuse
Substance use disorder; active addiction	A clinical term for the disease of addiction; see below for diagnostic criteria	Drug habit
Substance-free	The state of not using any drugs (including alcohol) except under the direction of a clinician, either temporarily or over time	Clean or dirty
Person in recovery; person in long-term recovery	A term that allows for broader identification and unity allowing for recovery identities that might involve more than just substance use.	
Addiction recovery management	A systemic approach supporting management of severe substance use disorders, enhancing clinical outcomes and reducing social costs. Relates to the medical concepts of suppressing symptoms and providing the appropriate level of service intervention along an extended continuum of care.	
Medication-assisted recovery	A path of recovery facilitated by medically monitored pharmacological agents such as methadone, naltrexone, buprenorphine, etc.	Substitution therapy, replacement therapy
Treatment	"The use of any planned, intentional intervention in the health, behavior, personal and/or family life of an individual suffering from [substance use disorder] designed to enable the affected individual to achieve and maintain sobriety, physical, and mental health, and maximum functional ability" (Division of Mental Health and Addiction Services , 2014).	
Mutual aid groups	Individuals not only helping themselves but supporting one another in their recovery. Includes Alcoholics Anonymous (AA), Narcotics Anonymous (NA), SMART Recovery, Refuge Recovery, etc.	Self-help groups
Recovery community	Those in recovery from substance use, their family, treatment professionals and allies (National Alliance of Advocates for Buprenorphine Treatment , 2004)	
Recovery-oriented system of care (ROSC)	"A coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems." (Substance Abuse and Mental Health Services Administration (SAMHSA), 2010, p. 2).	



## Recovery

“A process of change through which individuals improve their health and wellness, live self-directed lives and strive to reach their full potential.” (Substance Abuse and Mental Health Services Administration (SAMHSA), 2020). Often, this refers to a commitment to sobriety or abstinence after a substance use or other behavioral disorder.

Notice the use of person-first language (e.g., person in recovery, person who uses drugs). These terms are common in other contexts to help shift the focus back to the person’s humanity, not their stigmatized identity or illness (e.g., person with a disability) (National Alliance of Advocates for Buprenorphine Treatment, 2008). Changing your language is a way of being more inclusive.

The term “substance abuse” is increasingly avoided by professionals because it can be shaming. “Substance misuse” is now the preferred term. Although not a diagnostic term, it generally suggests use that could cause harm to the individual or others.



Recovery Dialects	Mutual Aid Meetings	In Public	With Clients	Medical Settings	Journalists
<b>Addict</b>	✓	STOP	STOP	STOP	STOP
<b>Alcoholic</b>	✓	STOP	STOP	STOP	STOP
<b>Substance Abuser</b>	STOP	STOP	STOP	STOP	STOP
<b>Opioid Addict</b>	✓	STOP	STOP	STOP	STOP
<b>Relapse</b>	✓	STOP	STOP	STOP	STOP
<b>Medication Assisted Treatment</b>	STOP	STOP	STOP	STOP	STOP
<b>Medication Assisted Recovery</b>	✓	✓	✓	✓	✓
<b>Person w/ a Substance Use Disorder</b>	✓	✓	✓	✓	✓
<b>Person w/ an Alcohol Use Disorder</b>	✓	✓	✓	✓	✓
<b>Person w/ an Opioid Use Disorder</b>	✓	✓	✓	✓	✓
<b>Long-term Recovery</b>	✓	✓	✓	✓	✓
<b>Pharmacotherapy</b>	✓	✓	✓	✓	✓

Language matters but can change depending on the setting we are in. Choosing when and where to use certain language and labels can help reduce stigma and discrimination towards substance use and recovery.

SOURCE: Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. *Drug and Alcohol Dependence*, 189, 131–138.

### Media shapes stigma

Think about television shows or movies featuring drugs, addiction, or recovery. How do you think this on-screen depiction affects your view of substance use or recovery?

- Did drinking or using drugs seem normal? Glamorous? Shameful?
- Who was using the substances?
- Were there consequences for using substances?
- Was recovery discussed? Was substance use treatment available?
- One researcher identified four stereotypes of people who use drugs in movies: the tragic hero, the demonized user, the rebellious free spirit and the comedic user (Cape, 2003). Do you recognize these stereotypes? How might these stereotypes impact how someone who uses drugs is treated?
- Several studies suggest that reality television shows do not depict substance use intervention and treatment experiences accurately (Kosovski & Smith, 2011), (Roose , Fuentes, & Cheema , 2012), & (Baker, 2016). What do you think are the consequences of this for students with substance use disorders, or their families?



### Advocacy as an ally: Understanding current affairs

Opioid overdose is a national epidemic, killing ≈190 Americans daily. (U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, 2016).

The US now incarcerates more people than any other nation in the world, mostly for nonviolent drug offenses. The war on drugs systematically targets racial minorities, with Black and Hispanic Americans far more likely than white Americans to be arrested and incarcerated (Alexander, 2012) Inc .

#### **As an ally, you can understand that current drug policies inhibit recovery by:**

Perpetuating stigma: criminalization of drugs reduces help-seeking and shifts attention and resources from public health to criminal justice

Encouraging higher potency drugs

Disproportionately excluding people of color from recovery opportunities: there is a lack of recovery support services for communities of color; people of color are often incarcerated rather than given treatment; and criminal convictions can preclude eligibility for public assistance programs (e.g., public housing)



## Module 4: What Does an Ally Do?

### **A recovery ally:**

- Is available to listen
- Is knowledgeable of resources
- Avoids and discourages stigmatizing language
- Avoids and discourages normalizing substance

Consider how you might engage with each of the four levels of allyship:

Awareness	Explore how you are different from and similar to someone struggling with substances or someone in recovery through conversation and self-examination
Knowledge & education	Begin to understand policies, laws, and practices and how they affect individuals in recovery; attend workshops; educate yourself on the many forms of recovery and the diversity of those in recovery
Skills	Take your awareness and knowledge and communicate it to others through workshops, role-playing, developing support connections and more
Action	Advocate for more effective treatment and recovery support services, draw attention to discriminating policies, and engage with policy makers

Other ideas for being a recovery ally:

- Provide a warm handoff to the appropriate person
- Incorporate recovery into programming
- Appropriately self-disclose your own recovery status
- Take a naloxone training
- Learn about Motivational Interviewing
- Host alcohol-free events

What is a “warm hand-off?”

- Leading people to behavioral or mental health services in real-time
- Transfer of help (from you to one of these resources) happens immediately
- Aids in getting people help at the time they need it, because windows of opportunity are limited
- Connecting people with these resources can help the persons follow through with their intentions for behavior change

## Module 5: Philosophies of Care

### Who tends to succeed in treatment?

Research has shown that physicians and pilots tend to do well in substance use treatment. For both of these professions, on-the-job substance use or substance use disorders could seriously endanger others, so identifying and treating substance use problems is crucial. Among physicians, the following components create a successful substance use disorder treatment program:

- Early referral
- Non-confrontational interventions that are performed with dignity and care
- Thorough evaluation and high-quality treatment
- Long-term monitoring with contingency management
- Peer support (specialized meetings) and strong occupational identity

As you might expect, having something to look forward to makes treatment success a lot more likely. For physicians and pilots, this means being able to keep their jobs. For college students, this means being able to stay in school, attain a degree and build a future. (Skipper & DuPont, 2011).

A person-centered approach meets the following needs:

Biological	Connecting students to resources like healthcare providers and treatment centers (inpatient/outpatient)
Behavioral	Teaching coping skills, recovery skills, study skills, connecting with therapists
Psychosocial	Hosting mutual aid meetings, peer mentoring, social events, recovery advocacy (Family Education Program)
Environmental	Providing a safe space for the community

## What is a recovery-ready community?

- **No judgment:** a culture of empathy and understanding
- **Harm reduction:** services to lessen the negative consequences of risky behaviors (think: seat belts, condoms, and designated drivers)
- **Help everywhere:** someone seeking help is easily directed to the right resources
- **Recovery-informed prevention:** introducing the idea of recovery in a non-judgmental way during prevention and early intervention
- **Treatment:** this can include counseling and medication delivered by a licensed professional (e.g., VCU's MOTIVATE clinic)
- **Recovery support:** peer support, mutual aid group meetings, and more.

Becoming a recovery ally can help make our community recovery ready by bridging the gap between services and people who struggle with substance use (Bronfenbrenner, 1977) & (Nerad & Hosni, 2017)

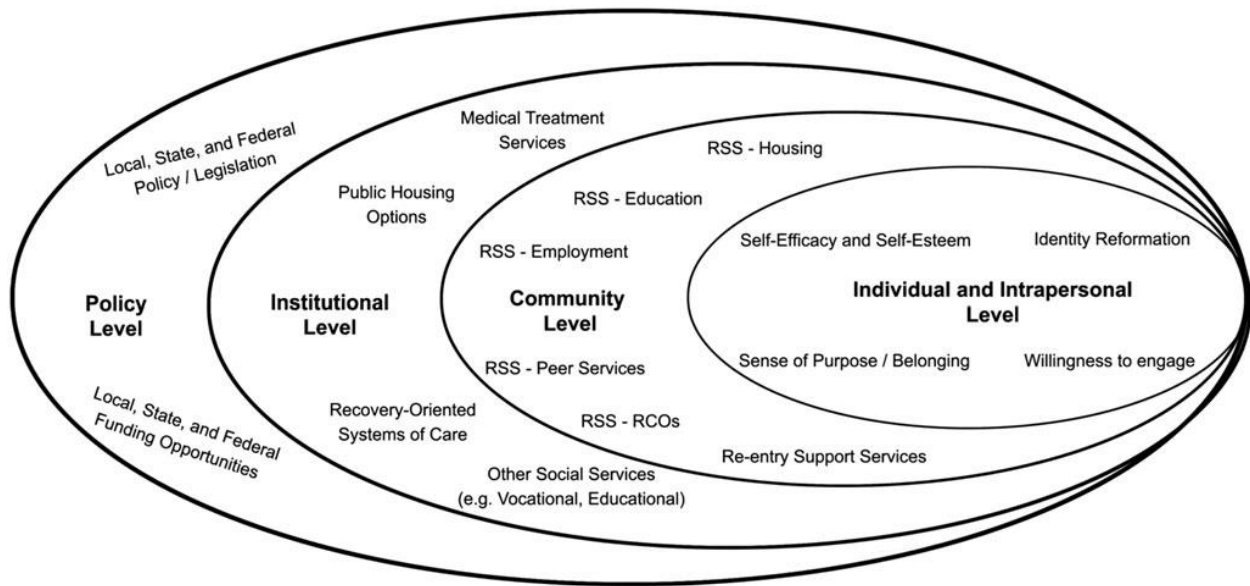
### In a recovery-ready society, people:

Are comfortable asking for help, instead of feeling stigmatized  
Intervene with empathy when they encounter someone struggling  
Respect recovery by offering encouragement and celebrating success

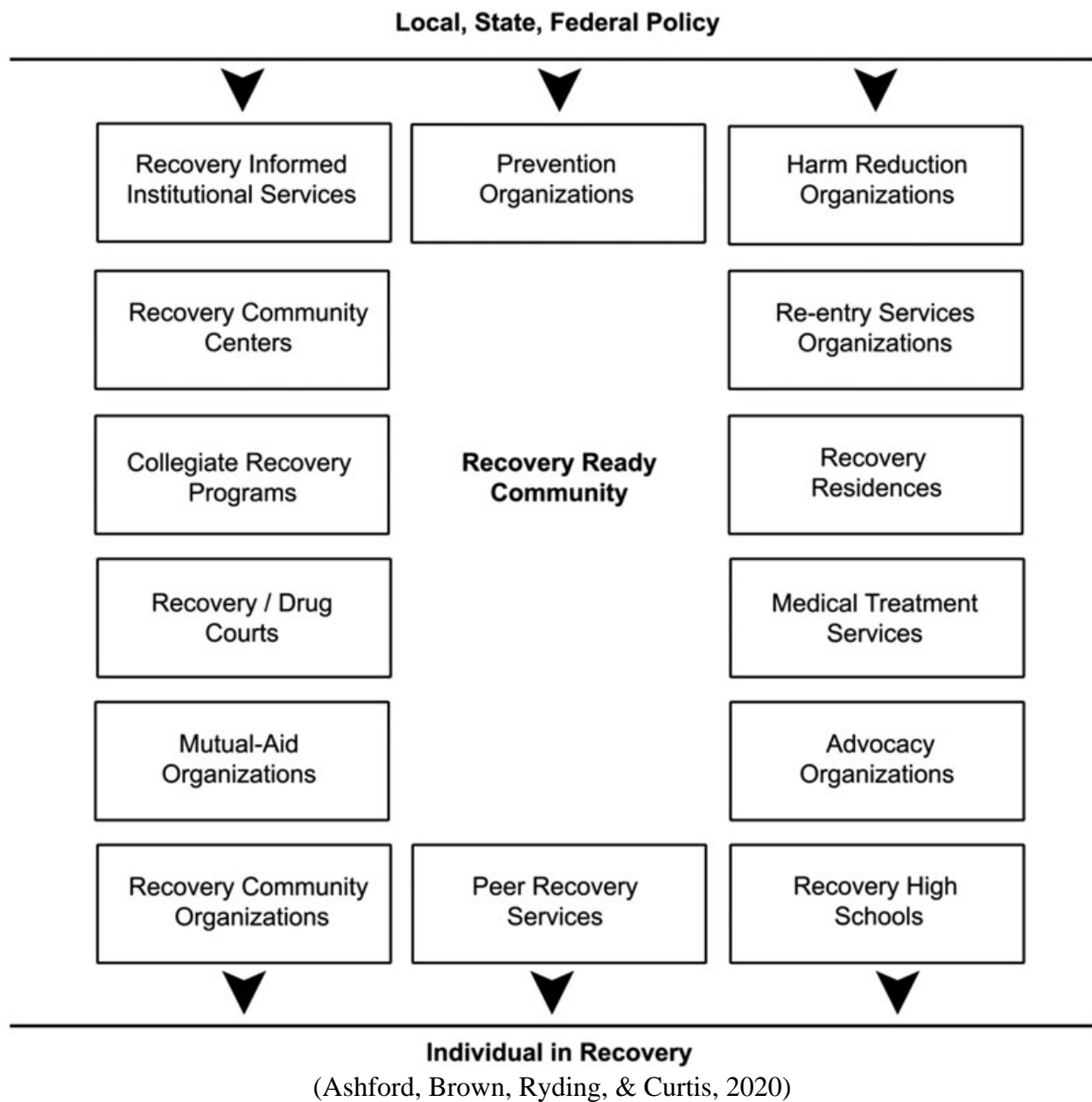


Recovery Ready Communities effectively meet the needs of people in recovery creating spaces that:

- Emphasize empathy and create connection
- Having accessible resources for recovery and mental health concerns
- Affirm and value recovery identity
- Build community rituals that support recovery



(Ashford, Brown, Ryding, & Curtis, 2020)



## Module 6: Pathways to Recovery

### “Recovery Competence is Cultural Competence”

There are many pathways to recovery, and many people utilize multiple modalities to achieve recovery. Recovery is also defined differently by different people and there is not one consensus definition of recovery.

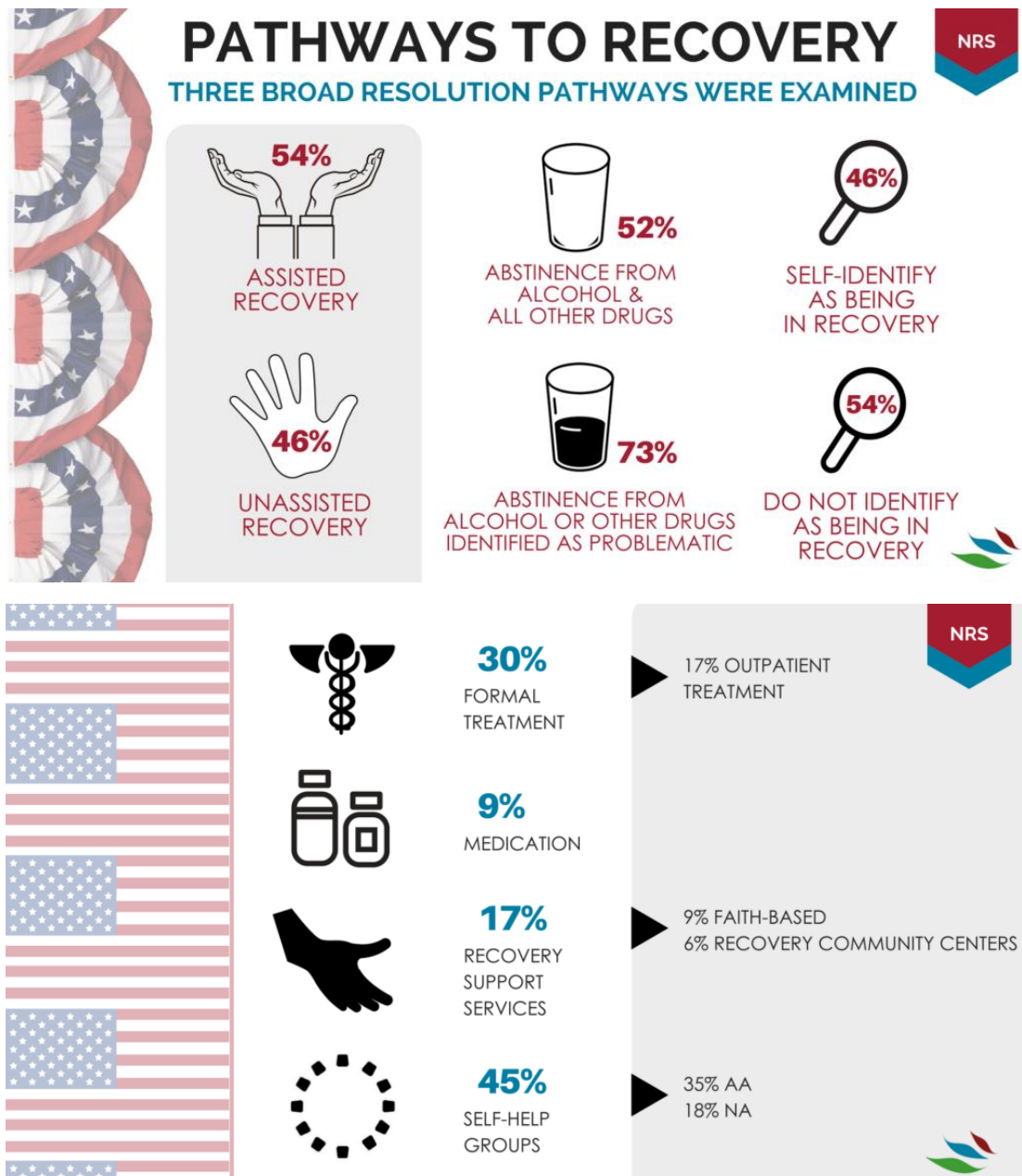
SOURCE	YEAR	DEFINITION
CENTER FOR SUBSTANCE ABUSE TREATMENT (CSAT)	2005	Recovery from alcohol and drug problems is a process of change through which an individual achieves abstinence and improved health, wellness and quality of life.
AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM)	2005	A patient is in a "state of recovery" when he or she has reached a state of physical and psychological health such that his/her abstinence from dependency-producing drugs is complete and comfortable.
BETTY FORD INSTITUTE	2006	A voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship.
WILLIAM L. WHITE	2007	Recovery is the experience (a process and a sustained status) through which individuals, families, and communities impacted by severe alcohol and other drug (AOD) problems utilize internal and external resources to voluntarily resolve these problems, heal the wounds inflicted by AOD-related problems, actively manage their continued vulnerability to such problems, and develop a healthy, productive, and meaningful life.
UK DRUG POLICY COMMISSION	2008	The process of recovery from problematic substance use is characterised by voluntarily sustained control over substance use which maximises health and wellbeing and participation in the rights, roles and responsibilities of society.
SCOTTISH GOVERNMENT	2008	A process through which an individual is enabled to move on from their problem drug use, towards a drug-free life as an active and contributing member of society.
SAMSHA	2011	Recovery from mental disorders and substance use disorders is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM)	2013	A process of sustained action that addresses the biological, psychological, social and spiritual disturbances inherent in addiction.
KELLY AND HOEPPNER	2014	Recovery is a dynamic process characterized by increasingly stable remission resulting in and supported by increased recovery capital and enhanced quality of life.
RECOVERY RESEARCH INSTITUTE ADDICTION-ARY	2017	The process of improved physical, psychological, and social well-being and health after having suffered from a substance-related condition.

Recovery definitions. This figure documents the most popular definitions of recovery (Kelly & Hoepfner, 2014).



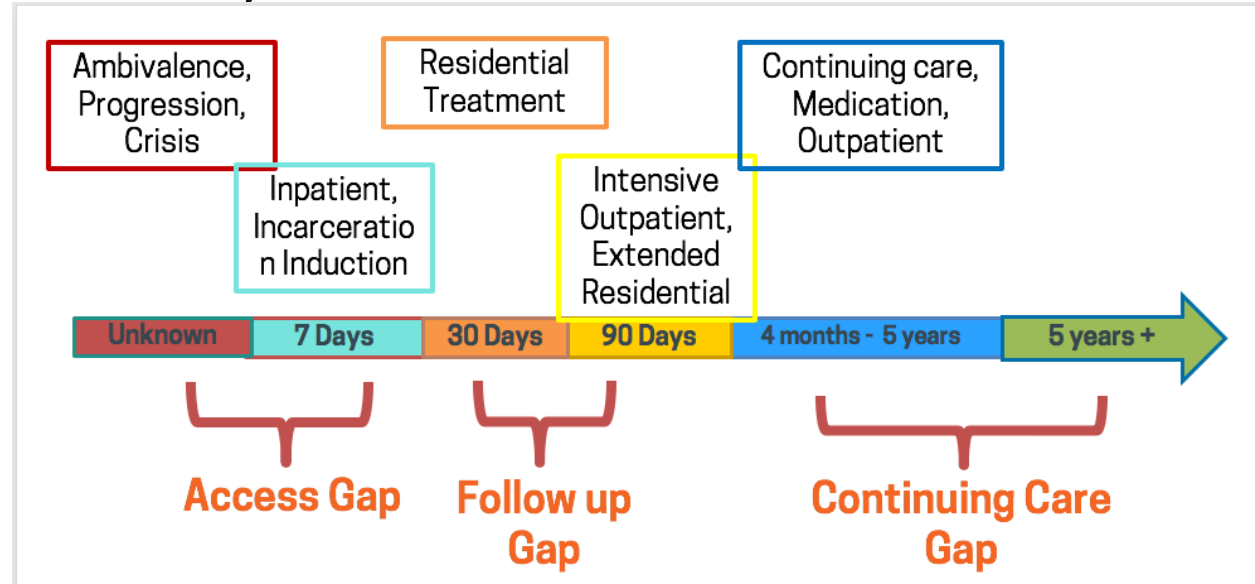
Recently, the Recovery Science Research Collaborative have identified a new definition, “Recovery is an individualized, intentional, dynamic, and relational process involving sustained efforts to improve wellness.” (Ashford, Brown, Ryding, & Curtis, 2020). Regardless, it is safe to say that recovery and how people define their recovery is very personal to them. As an ally, it is generally best to not assume what recovery means to someone, or even if they consider themselves in recovery.

The National Recovery Study, a representative study of more 40,000 Americans, found that 9.1% of the sample identified as having a resolved substance use disorder, and about half of these identified as being in Recovery (Kelly et al. 2016).



(Recovery Research Institute, n.d.)

## Treatment Pathways



### Inpatient Treatment

- 24-hour nursing care and daily physician care for severe, unstable problems
- Counseling available
- Often necessary for severe mental illness and life-threatening detox.
- Usually, 7 days or less

### Residential Treatment

- Typically, 30 days, but can be longer (or shorter)
- Should have medical staff
- Often has a mental health component
- Can vary in intensity and services
- Often has a family component

### Outpatient Treatment

- Typically, 8 weeks or longer
- Typically, 9 or more hours per week over several sessions
- Higher functioning clients or post residential discharge

### Continuing Care

- Describes continuing care follow up delivered by one of the other levels of care
- Responsible providers will provide a minimum of 1 year of at least quarterly follow ups
- May consist of phone calls, one on one and groups.
- Some residential providers call this “Alumni” Services

For a deeper understanding of levels of care, examine “[What are ASAM Levels of Care](#)”

# Peer Based Pathways

## Pillars of Recovery – A way of understanding Recovery Work

(Courtesy of [Rams in Recovery](#))

In communities that support many pathways to recovery, there is sometimes a challenge in aligning values of the different pathways. Pillars of Recovery is a way to conceptualize the work that individuals do to move forward in their journeys.

We believe that recovery is more than the absence of substance use; it is the presence of continuous, consistent action to improve well-being, become a better person, to live in community with others and to be of service to those around us. Our pillars of recovery represent our community's values and point to specific actions we take in order to live these values in order to enhance our recovery and that of others.

**Community** - Community is central to our recovery journey. The ability to share the pain of addiction and the joy of recovery with those around us who understand the experience offers an amazing healing and rejuvenating effect. It is a recognition that I am because we are. Our pillar of Community pushes us to:

- Attend recovery meetings in order to meet others and collectively grow.
- Build trusting relationships in which we are able to openly share challenges, sadness and joy.
- Pursue fun and rewarding activities with those around us.
- Celebrate our own triumphs and those of others.
- Respect and affirm other individuals many different identities including gender, race, sexual orientation and disability types.
- Welcome those who are new or who are struggling with open arms.

**Growth** - Growth represents our commitment to striving each day to become the best version of ourselves. Growth recognizes that we do not arrive in recovery in a place of realizing our true potential, but that recovery offers numerous opportunities for growth. Our pillar of growth pushes us to:

- Examine ourselves and make a concerted effort to improve (for those in 12 Step recovery, this includes working the steps).
- Hold ourselves accountable for our actions and find ways hold others accountable with kindness.
- Have courageous conversations with members of our community and those we care about.
- Pursue help (Interpersonally, Clinically, Career, etc.) as necessary to grow as individuals.
- Becoming more present in our own lives and the lives of others.

**Service** - Recovery gives us the responsibility to give to others what was freely given to us. Our ethic of service holds value both as insurance against future use of substances, and as a requirement of a happy and useful life. Service inspires us to:

- Always treat those who are struggling with substances with dignity and respect.
- Search for ways to be useful to those around us, especially those who are struggling with substances or are new to recovery.
- Look for opportunities to contribute to the recovery community, the university community, the local community and the world.
- Find ways that our own challenges, struggles and vulnerabilities can be a useful asset to those around us.

“Peer-based recovery support, known as mutual-help organizations (or self-help groups) – are free, peer-led (i.e., non-professional) organizations that developed to help individuals with substance use disorders and other addiction-related problems.” [“Peer-Based Recovery Support”](#)

While peer support has been less researched than treatment, there is a growing body of evidence that supports the effectiveness of Alcoholics Anonymous, Narcotics Anonymous, and SMART Recovery, in addition to supporting the integration of peers into health care and other settings. While Mutual Aid Groups are the most common Recovery Support Services, there are a growing number of other peer-based pathways available. (Recovery Research Institute, n.d.)

## **Mutual Aid Organizations Prevalence**

While membership size is difficult to measure due to the informal structure of mutual aid groups, the number of groups in existence is a helpful estimate<sup>1</sup>.

Organization	Type	Groups	Approximate Size
Alcoholics Anonymous	12 Step	115,000+ Worldwide	2,000,000
Narcotics Anonymous	12 Step	67,000 Worldwide	1,000,000
SMART Recovery	Secular	3,000+ (as of Sept 2019) in 24 countries	Unknown
Refuge Recovery & Recovery Dharma Collective	Buddhist, non-religious	840	Unknown
Celebrate Recovery	Religious, 12 Step	35,000 Worldwide	
Life Ring	Secular	140 in the United States, about 20 outside	Unknown
Women for Sobriety	Secular	200	Unknown

### Education

- Supporting individuals in recovery is essential to their overall happiness in recovery
- GED trainings along with post-secondary education can improve self-efficacy and self-esteem among people in recovery

### Housing

- Clinical and non-clinical recovery residences provide supportive living arrangements
- Recovery housing increases recovery capital scores, increases wellness, and decreases relapse rates

### Employment

- Recovery capital is drastically increased when employment is an option for individuals in recovery
- Vocational and technical trainings along with providing second chances can increase self-efficacy people in recovery

### Peer Coaching/Peer Support Specialists

- Peer Recovery Support Specialists sometimes known as recovery coaching differ from mutual aid groups
- Providing emotional support along with assistance with achieving recovery goals

---

<sup>1</sup> Statistics from 2019 found from multiple sources.

- Peer support focuses on relationship building and provides resources to increase recovery capital to people in early recovery

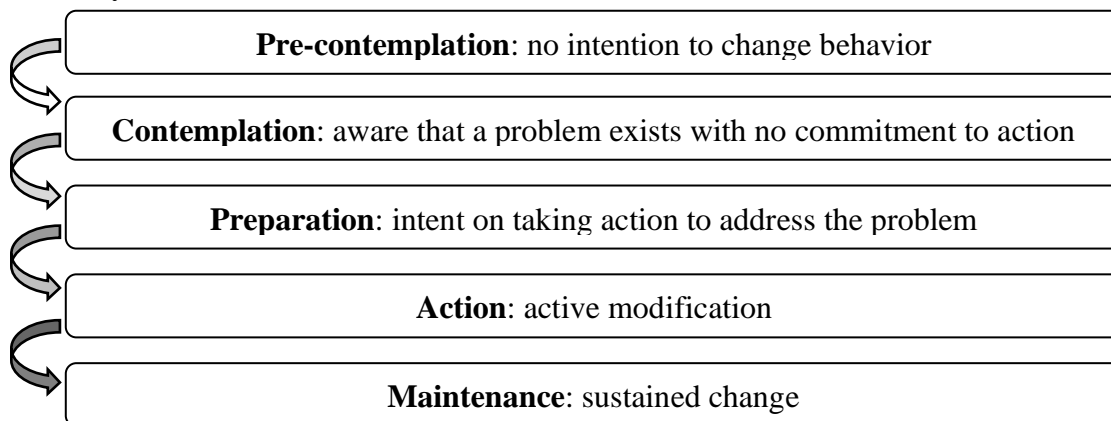
## Module 7: Stages of Change & Motivational Interviewing

\*\*\* These sections were not covered in the training, but the info maybe helpful

### Understanding Behavior Change

#### The Stages of Change

- The *stages of change*, part of the Transtheoretical model, describes a process that individuals go through as they change their own behavior (Prochaska & Velicer, 1997) They are summarized below:



- Importantly, variations on this model include additional stages, like **relapse**. In relapse, someone fails to continue the intended behavior (e.g., abstinence from drugs), and may return to an earlier stage. Relapse is common among people with substance use disorders: as many as 60% of individuals may return to using drugs in the first year after treatment (U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, 2016); however, relapse is common in other chronic diseases as well, such as hypertension, asthma and diabetes.
- Earlier in the process, the motivations may be more external; for example, when someone tells a friend that she is concerned about her friend's substance use, the friend might transition from the pre-contemplation stage to contemplation. Later, motivations may be more internal; for example, someone in the maintenance stage may be motivated by holding on to what she has achieved.

Consider how these stages might apply to your own behavior changes. Have you ever planned to start exercising and bought new running shoes (preparation), but never actually got to the gym (action)? Have you ever successfully implemented a new diet change for several months (maintenance), only to abandon the diet during the holidays or when faced with stress in your life (relapse)?



#### How does a recovery ally support behavior change?

- Below are some simple ways to support students in recovery:

- Decreasing desirability: consider avoiding phrases like “I need a drink” when you are stressed, which can make alcohol sound very attractive
- Practicing empathy: think about how difficult behavior change has been for you
- Providing feedback: encourage people in their recovery progress and in class
- Providing choice: suggest new ways to cope with stress, like exercise or art
- Clarifying goals: ask the person to reflect on why they are in recovery, and what recovery does for them
- Removing barriers: suggest alternatives, like having non-alcohol drinks at parties
- Active helping: connect people with appropriate resources
- Want to do more? Check out [Motivational Interviewing training courses](#), which teach skills to help others understand and achieve their personal goals
- Remember, unless you are a licensed clinician, you won’t be providing therapy and it’s okay if you don’t know what to do in a certain situation. As an ally, the most important things you can do are to **listen openly with empathy** and to **connect people to services** on campus that are well-equipped to handle these issues

## Motivational Interviewing

Motivational interviewing is a counseling technique that is practiced around the world. It focuses on positive communication and limits blaming which is commonly use in counseling. Open questions, Affirmations, Reflections, and summaries are the core techniques of Motivational Interviewing.

There are four key principles to Motivational Interviewing

- Express Empathy
  - Acceptance facilitates change
  - Skillful reflective listening is fundamental to expressing empathy
  - Ambivalence is normal
- Develop Discrepancy: This is accomplished by through goal and value exploration
  - Help the client identify own goals
  - Identify small steps towards goal
  - Focus on those that are feasible and healthy
  - When substance use comes up explore impact of substance use on reaching goals/consistency with values
  - List pros and cons of using/quitting
  - Allow client to make own argument for change
- Roll with Resistance
  - Avoid argumentation
  - Resistance is a signal to change strategies
- Support self-efficacy
  - Express optimism that change is possible
  - Review examples of past success to stop using
  - Use reflective listening, summaries, affirmations
  - Validate frustrations while remaining optimistic about the prospect of change

Ambivalence about change is normal, change is often nonlinear, readiness is not static, it is important to attend to readiness in your work. Active listening which includes paraphrasing and reflective listening is the primary skill that is used in Motivational Interviewing.

The Use of OARS forms the base skill set of MI

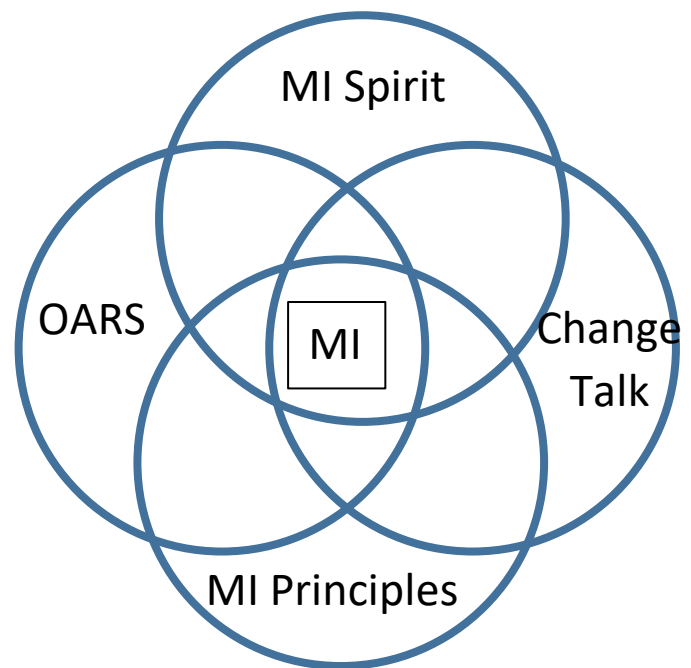
- Open Ended questions
  - Open questions gather broad descriptive information
  - Facilitate dialogue
  - Require more of a response
  - Often start with words like “how” or “What” or “tell me about” or describe
  - Usually go from general to specific
  - Convey that our agenda is about the consumer
- Affirm
  - Must be done Sincerely
  - Supports and promotes self-efficacy
  - Acknowledges the difficulties the client has experienced
  - Validates the clients experience and feelings.
  - Emphasizes past experiences that demonstrate strength and success to prevent discouragement
- Reflective Listening
  - Reflective listening begins with a new way of thinking
  - It includes an interest in what the person has to say and a desire to truly understand how the person sees things
  - It is essentially hypothesis testing
  - What do you think a person means may not be what they mean
  - Repeating - simplest
  - Rephrasing - substitutes synonyms
  - Paraphrasing - major restatement
  - Reflection of feeling - deepest
- Summarize
  - Summaries reinforce what has been said, show that you have been listening carefully, and prepare the client to move on
  - Summaries can link together client’s feelings of ambivalence and promote perception of discrepancy

R – Resist the righting reflex

U – Understand your client’s

L - Listen to your client

E –Empower your Client



(Rosengren, 2009)

Change talk is also an important concept when it comes to Motivational Interviewing. Change talk is when a person starts discussing goals and goes from a negative mindset toward a positive

mindset. It is important to recognize change talk because a person will be more likely to change if they have a positive attitude.

## Module 8: Recovery Messaging

Recovery Messaging Training was started and continues to be led by the national non-profit “[Faces and Voices of Recovery](http://www.facesandvoicesofrecovery.org)”. This training gives guidance for people in recovery, friends, family members, and allies to effectively talk about recovery and the needs of people in Recovery. (Slides and information courtesy of Faces and Voices of Recovery.

Faces & Voices’ recovery messaging is based on research *Conducted by Peter D. Hart & Associates & Robert M. Teeter’s Coldwater Corporation* (<http://www.facesandvoicesofrecovery.org>)

### Faces & Voices of Recovery

*It is our mission to bring the power and proof of recovery to everyone in America!*

Organizes and mobilizes the millions of Americans in long-term recovery from alcohol and other drug addiction, our families, friends and allies, to speak with one voice  
Changing public perceptions of recovery  
Promotes effective public policy in Washington, D.C. and in all 50 states  
Raises the recovery movement’s national profile  
Supports local recovery advocacy and recovery community organizations

### Words have Power

“Words have immense power to wound or heal...The right words catalyze personal transformation and offer invitations to citizenship and community service. The wrong words stigmatize and dis-empower.”

-William White

Author and Recovery Advocate

The purpose of recovery messaging is to work towards a strong national recovery movement organized at the local, state and federal levels by Putting a face and a voice on recovery to break down misperceptions that will change negative attitudes and advocating to change policies.

Specifically, that means:

- Expanding opportunities for recovery
- Mobilizing and organizing the recovery community to advocate for own rights and needs
- Breaking down discriminatory barriers
- Building a national recovery advocacy movement
- Achieving a just response to addiction as a health crisis

This messaging can be used in a variety of contexts including with friends, neighbors, coworkers and the press and public officials. There are many ways to develop a message, but it is important that it is personal. We avoid terms like “addict, alcoholic” and do not focus on Addiction as a Disease, information about particular paths to recovery or a recovery definition. Instead consider the needs of the entire recovery community and focus on your relationship to recovery vs. your relationship to addiction. Focus on 2-3 points and support them with examples that reinforce your story.



## Putting it all together:

### For a Person in Recovery<sup>2</sup>

I'm in long-term recovery which means...

- Have not used alcohol or other drugs for “x” number years
  - Long-term recovery has given me new hope and stability
  - I've been able to create a better life for myself, my family and my community
  - I'm speaking out so that others have the opportunity to achieve long-term recovery

**Recovery Community** 88% believe it is very important for the American public to see that thousands get well every year

#### **General Public**

A majority of Americans (63%) have been affected by addiction

A majority (67%) believe that there is a stigma toward people in recovery

A majority (74%) say that policies must change

### Message for a Family Member

My family and I are in long-term recovery, which means ...

- (My son/daughter/husband/wife) hasn't used alcohol or other drugs for “x” years
- We've become healthier together, enjoying family life in our home
- Long-term recovery has given me and my family new purpose and hope for the future
- I want to make it possible for others to do the same

### Message for an Ally

I am an ally to people in recovery, which means...

- I support (My friends) who haven't used alcohol or other drugs for “x” years
- I have become healthier alongside my friends, enjoying life in our community
- I know that long-term recovery is possible and that it gives individuals and families purpose and meaning and hope for the future
- I want to make it possible for others to recover so I use my voice to speak out.

---

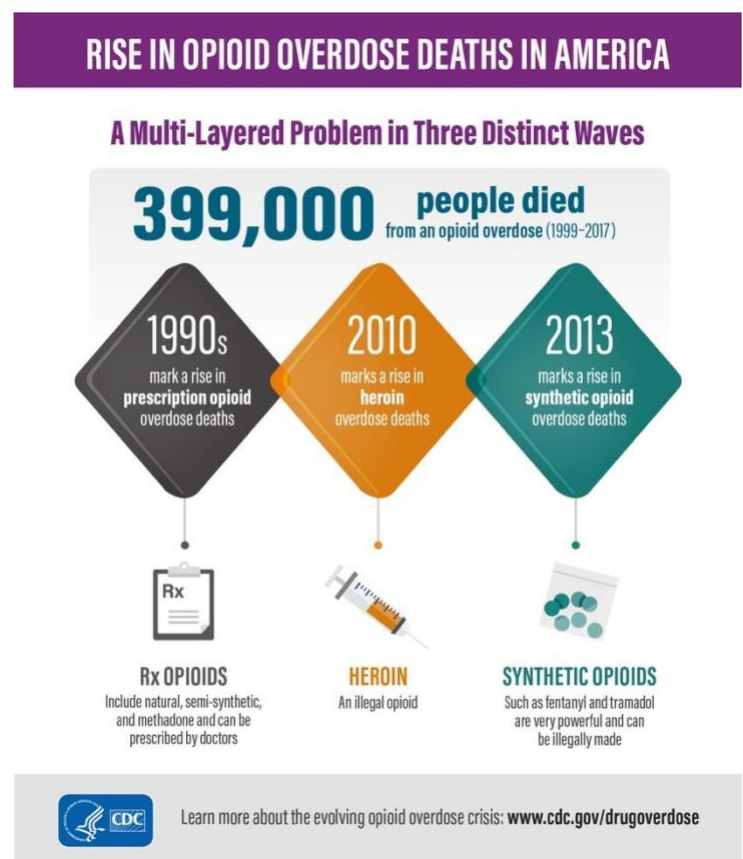
<sup>2</sup> Statistics from 2019 pulled from multiple resource

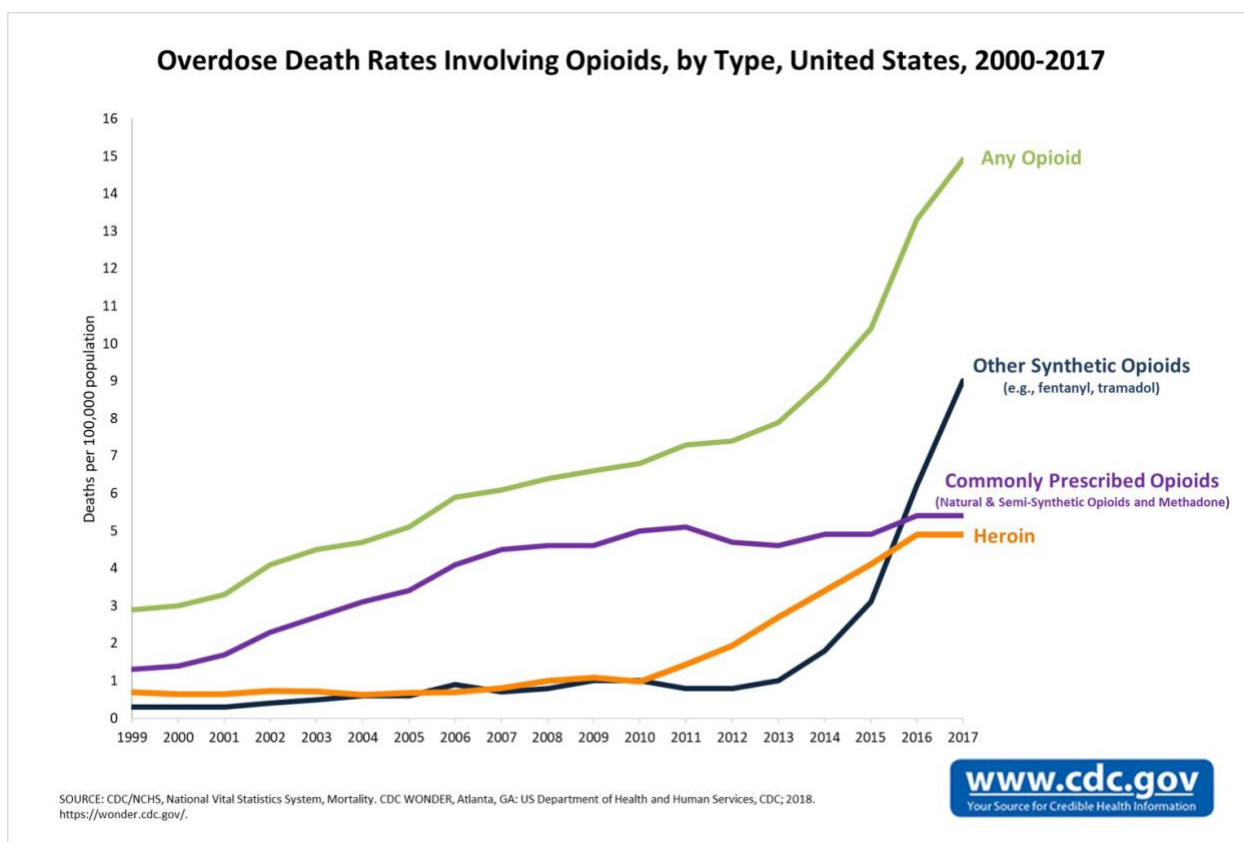
## Module 9: Opioids

### The Opioid Epidemic

Overdose deaths from opioids ([prescription opioids](#), [heroin](#), and synthetic opioids such as [fentanyl](#)) have increased almost six times since 1999, killing more than 47,000 people in 2017 (Center for Disease Control and Prevention (CDC), 2019). Deaths from overdoses have come in 3 waves, with each having an additive effect on the overall death toll.

- Prescription drugs – The first wave of drug-deaths was driven by over-prescribing and false, direct marketing to physicians that implied the drugs were not as addictive or dangerous as they were. Specific communities and states with looser restrictions on prescribing practices were hit the hardest by these practices, and many who are still struggling or who died from heroin or synthetic opioids became addicted during this time.
- Heroin – As lawmakers and public health officials started addressing some of the over-prescribing the increasing availability of heroin led many to move towards the use of illicit opioids. This drove a second wave of drug deaths that added to a continued high volume of prescribed overdoses.
- Synthetic Opioids (Fentanyl) – With continuing improvement and technology, the presence of synthetic opioids rose, most prominently a class of opioids called Fentanyl, which are substantially more potent than heroin. With prohibition-based drug-policy incentivizing potency, while preventing quality control, drug deaths from synthetic opioids have added to those from prescribed drugs and heroin. The potency of these drugs, which are increasingly being mixed with other drugs such as cocaine and methamphetamine, have further contaminated the drug supply and continue to drive accidental drug deaths. (Centers for Disease Control and Prevention (CDC), 2019).





## Harm Reduction and Opioids

Harm reduction efforts for opioid use disorder have been effective but widely underfunded. There are a number of evidence-based strategies for reducing death, decreasing the spread of communicable disease, and helping opioid users engage in treatment.

### Naloxone

- Naloxone is a safe and effective drug that reverses opioid overdoses by displacing opioids from the opioid receptors at a cellular level allowing breathing and heart rate to return to normal.
- Naloxone is increasingly available both as a medicine co-prescribed with opioids and distributed by public health officials. Most states have a standing order for naloxone that allows anyone to purchase the life-saving drug.
- The drug is available in a nasal spray, auto injector, and also can be delivered intravenously.

### Syringe (Needle) Exchange

- Syringe exchange programs provide clean syringes to people who use drugs in order to reduce the spread of infectious disease especially HIV and Hepatitis.

- Needle/syringe exchange programs are effective in reducing HIV transmission and do not increase rates of community drug use (U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, 2016).

#### Safe Injection Sites and Heroin Assisted Treatment (HAT)

- Safe Injection Sites and Heroin Assisted Treatment are approaches that have been used outside of the United States, especially in Europe.
- These services have been shown to reduce death, reduce crime, reduce the spread of communicable diseases, increase likelihood to engage in treatment, while not increasing rates of use (Kaplan, 2018)
- A Cochrane Review indicated, “heroin prescription should be indicated to people who currently or have previously failed maintenance treatment, and it should be provided in clinical settings where proper follow-up is ensured” (Ferri & D., 2011).

## Treatment of Opioid Use Disorder

Unlike some other substances, there are effective and well-studied medications for the treatment of Opioid Use Disorders.

Medication, Trade Names& Schedule	Dosage Form	Application
Buprenorphine-Naloxone (CIII) Suboxone	Sublingual film: Sublingual tablet:  Buccal film:	Used for detoxification or maintenance of abstinence for individuals aged 16 or older. Physicians who wish to prescribe buprenorphine, must obtain a waiver from SAMHSA and be issued an additional registration number by the U.S. Drug Enforcement Administration (DEA).
Buprenorphine Hydrochloride (CIII) Subutex	Sublingual tablet Probuphine® implants	This formulation is indicated for treatment of opioid dependence and is preferred for induction. However, it is considered the preferred formulation for pregnant patients, patients with hepatic impairment, and patients with sensitivity to naloxone. It is also used for initiating treatment in patients transferring from methadone, in preference to products containing naloxone, because of the risk of precipitating withdrawal in these patients.
Methadone (CIII)	Tablet:  Oral concentrate  Oral solution  Injection	Methadone used for the treatment of opioid addiction in detoxification or maintenance programs shall be dispensed only by Opioid Treatment Programs (OTPs) certified by SAMHSA and approved by the designated state authority. Under federal regulations it can be used in persons under age 18 at the discretion of an OTP physician.
Naltrexone (Not Scheduled)  Vivitrol	Tablets  Extended-release injectable suspension	Provided by prescription; naltrexone blocks opioid receptors, reduces cravings, and diminishes the rewarding effects of alcohol and opioids. Extended-release injectable naltrexone is recommended to prevent relapse to opioids or alcohol. The prescriber need not be a physician but must be licensed and authorized to prescribe by the state.

(U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, 2016)

## Possible Scenarios and Responses

**A student has been exhibiting diminishing performance and participation in class. One day in class you notice the student struggling to stay awake and you detect the smell of alcohol on the student's breath and body. How do you respond?**

- Approach the student with empathy by expressing your concern and your desire to support the student. Invite the student to talk.
- Be discreet about approaching the student.
- Consider the intoxication level of the student. If the student is coherent, it may be helpful to have a conversation at that time. If the student is very intoxicated, consider setting up an appointment to talk with the student.
- If the student is very intoxicated, you may submit an incident report through your school's incident reporting system
- You can walk the student to University Counseling Services.

**A student worker comes into your office and she looks like she is experiencing flu-like symptoms. A usually very responsible student, she has recently missed a shift and was late to another. After some gentle probing, she reveals that she has been struggling to stop using drugs but has not used in 48 hours. How do you respond?**

- Respond with empathy. You can affirm the student's courage in talking to you and thank them for being honest.
- Consider asking more about the specific circumstances – what drugs were they using, and have they ever tried to stop before?
  - Refer the student to University Resources, the Collegiate Recovery Community University Counseling or University Health Services.
- Following up with the student afterwards can show that you care.

**A student comes to your office hours and reveals that they are 30 days into their recovery. They have missed several assignments and are currently failing the class. You would like to support the student in their recovery; how do you respond?**

- Most importantly, first affirm the student's progress in recovery. For example, you can express respect for their recovery accomplishments so far and ask if they are involved in the campus recovery community.
- Then, consider individualized academic accommodations for the student.
  - If you would provide extensions or extra credit assignments for physical injuries or illnesses like a concussion, it's reasonable to do the same here.
  - If you provide accommodations, be firm and specific with deadlines and expectations.
  - It is reasonable to request a note from a health care provider.
  - Be judicious in recommendations for withdrawing from the class; you may refer the student to their advisor.

**A colleague expresses frustration about a student who is open about being in recovery but who has struggled with assignments consistently throughout the semester. How do you respond to your colleague?**

- Consider explaining how recovery is a lifelong process and that post-acute withdrawal syndrome can mean continued struggles in school.
- Recommend that your colleague approach the student to ask how they can help.
- Refer your colleague to the Recovery Ally Training.

**You are helping to plan a social event with other students, staff and faculty from your department. Someone suggests a popular bar for a venue, but a student privately confided in you that she recently began her recovery and would be uncomfortable at a bar. How do you respond?**

- Consider suggesting alternative locations.
- If it is decided that the event will involve alcohol, make sure there are alternatives available (e.g., non-alcoholic drinks other than water; spaces or activities that don't involve alcohol).
- Suggest that the person in recovery bring someone to stay sober with them, such as their recovery sponsor.

\*\*\*Companion sections for Families, Young Adults, Faith and Community Groups, and (National institutes on drug abuse, 2014)Employers are still in development. If you would like to help with the development of these sections, please email [bannardtn@vcu.edu](mailto:bannardtn@vcu.edu)\*\*\*

## Bibliography

- Alexander, M. (2012). *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*. New York: The New York Press.
- American Psychiatric Association . (2013). *Diagnostic and Statistical Manual of Mental Disorders (5th ed.)*. Arlington, VA; Washington, DC: American Psychiatric Publishing.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5. 5th ed*. Arlington, VA: Washington, DC: American Psychiatric Publishing .
- Ashford, R. D., Brown, A. M., Ryding, R., & Curtis, B. (2020). Building Recovery Ready Communities: the recovery ready ecosystem and community framework. In J. F. Kelly, W. L. White, & eds., *Addiction Research & Theory* (pp. 28(1): 1-11). Totowa, NJ: Humana Press.
- Baker, K. M. (2016). "I'm Going to Shut Down All of Your Tricks": Depictions of Treatment Professionals in Addiction Entertainment . *Substance Use & Misuse*, 51 (4): 489-497.
- Botticelli, M. P., & Koh, H. K. (2016, October 4). Changing the Language of Addiction. *JAMA*, 316(13):1361-1362. Retrieved from JAMA: <https://jamanetwork.com/journals/jama/fullarticle/2565298>
- Bronfenbrenner, U. (1977). Toward an Experimental Ecology of Human Development. *American Psychologist* , 32(7):513-531.
- Cape, G. S. (2003). Addiction, Stigma, and Movies . *Acta Psychiatrica Scandinavica*, 107(3): 163-169.
- Center for Disease Control and Prevention (CDC). (2019). *The Drug Overdose Epidemic: Behind the Numbers* . Retrieved from Opioid Overdose: <https://www.cdc.gov/drugoverdose/data/index.html>
- Centers for Disease Control and Prevention (CDC). (2019). *Data Analysis and Resources* . Retrieved from Opioid Overdose : <https://www.cdc.gov/drugoverdose/data/analysis.html>
- Clair, M. (2018). *Stigma: Forthcoming in Core Concepts of Sociology* . Retrieved from Harvard University : [https://scholar.harvard.edu/files/matthewclair/files/stigma\\_finaldraft.pdf](https://scholar.harvard.edu/files/matthewclair/files/stigma_finaldraft.pdf)
- Dickerson, P. (2012, June 23). *Youtube*. Retrieved from Paxton Dickerson : <https://www.youtube.com/watch?v=TDy-OqGyLqU>
- Division of Mental Health and Addiction Services . (2014). About Treatment/Getting Help . New Jersey .

- Ferri, M., & D., M. (2011). Heroin Maintenance for Chronic Hero-Independent Individuals. *Cochrane Database Syst. Rev.*
- Kaplan, L. (2018). Safe Injection Sites Save Lives . *The Nurse Practitioner* , 43(7), 13-15.
- Kelly, J. F., & Hoepfner, B. (2014). A Biaxial Formulation of the Recovery Construct. In J. F. Kelly, W. L. White, & eds., *Addiction Research and Theory* (pp. 23(1); 5-9). Totowa, NJ: Humana Press.
- Kelly, J. F., & White, W. L. (2011). Current Clinical Psychiatry. In J. F. Kelly, & W. L. White, *Addiction Recovery Management: Theory, Research, and Practice*. Totowa, NJ: Humana Press.
- Kosovski, J. R., & Smith, D. C. (2011). Everybody Hurt: Addiction, Drama, and the Family in the Reality Television Show Intervention. *Substance Use & Misuse* , 46(7): 852-858.
- McLellan, A. T., Lewis, D. C., O'Brien , C. P., & Kleber, H. D. (2000). Drug Dependence, a Chronic Medical Illness: Implications for Treatment, Insurance, and Outcomes Evaluation. *JAMA*, 284(13):1689-1695.
- National Alliance of Advocates for Buprenorphine Treatment . (2004, April 12). *Substance Use Disorders: A Guide to the Use of Language* . Retrieved from NAABT: <https://www.naabt.org/documents/Languageofaddictionmedicine.pdf>
- National Alliance of Advocates for Buprenorphine Treatment . (2008, June ). *The Words We Use Matters. Reducing Stigma through Language* . Retrieved from naabt: [https://www.treatmentmatch.org/\\_docs/NAABT\\_Language.pdf](https://www.treatmentmatch.org/_docs/NAABT_Language.pdf)
- National Institutes on Drug Abuse . (2020, July 13). *Drug Misuse and Addiction*. Retrieved from Drugs, Brains, and Behavior: The Science of Addiction: <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction>
- Nerad, S., & Hosni, A. (2017, July 11-13). Recovery ally training: Recovery is spoken here. Oral presentation at: National Collegiate Recovery Conference. 8th Annual Conference of the Association for Recovery in Higher Education. Washington, DC.
- Prochaska, J. O., & Velicer, W. F. (1997). The Transtheoretical Model of Health Behavior Changes . *Am J HHealth Promot.*, 12(1):38-48.
- Recovery Research Insititute. (n.d.). *Recovery Research Insititute*. Retrieved from Recovery Answers: <https://www.recoveryanswers.org/recovery-101/pathways-to-recovery/>
- Roose , R., Fuentes, L., & Cheema , M. (2012). Message about Methadone and Buprenorphine in Reality Television: a Content Analysis of Celebrity Rehab with Dr. Drew. *Substance Use & Misuse* , 47(10): 489-497.
- Rosengren, D. B. (2009). *Building Motivational Interviewing Skills A Practioner Workbook*. New York City, NY: The Guilford Press.
- Skipper, G. E., & DuPont, R. L. (2011). The Physician Health Program: A Replicable Model of Sustained Recovery Management. In J. F. Kelly, W. L. White, & eds., *Addiction Recovery Management: Theory, Research, and Practice* (pp. 281-299). Totowa, NJ: Humana Press.



- Substance Abuse and Mental Health Services Administration (SAMHSA). (2010, September ). *Recovery-Oriented Systems of Care (ROSC) Resource Guide* . Retrieved from SAMHSA: [https://www.samhsa.gov/sites/default/files/rosc\\_resource\\_guide\\_book.pdf](https://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf)
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2020, April 23). *Recovery and Recovery Support* . Retrieved from SAMHSA: <https://www.samhsa.gov/find-help/recovery>
- U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. (2016). *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS.
- U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. (2016). *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS.
- Volkow, N. D., Chang, L., & Wang, G. J. (2001). Loss of Dopamine Transporters in Methamphetamine Abusers Recovers with Protracted Abstinence . *J. Neuroscience* , 21 (23):9414-9418.
- Volkow, N. D., Chang, L., & Wang, G. J. (n.d.). Loss of Dopamine Transporters in Methamphetamine .
- Woicik et al. (2009). The Substance Use Risk Profile Scale: a scale measuring traits linked to reinforcement-specific substances use profiles. *National Library of Medicine*, 34(12):1042-55.

## Works Cited

- Alexander, M. (2012). *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*. New York: The New York Press.
- American Psychiatric Association . (2013). *Diagnostic and Statistical Manual of Mental Disorders (5th ed.)*. Arlington, VA; Washington, DC: American Psychiatric Publishing.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5. 5th ed*. Arlington, VA: Washington, DC: American Psychiatric Publishing .
- Ashford, R. D., Brown, A. M., Ryding, R., & Curtis, B. (2020). Building Recovery Ready Communities: the recovery ready ecosystem and community framework. In J. F. Kelly, W. L. White, & eds., *Addiction Research & Theory* (pp. 28(1): 1-11). Totowa, NJ: Humana Press.
- Baker, K. M. (2016). "I'm Going to Shut Down All of Your Tricks": Depictions of Treatment Professionals in Addiction Entertainment . *Substance Use & Misuse*, 51 (4): 489-497.
- Botticelli, M. P., & Koh, H. K. (2016, October 4). Changing the Language of Addiction. *JAMA*, 316(13):1361-1362. Retrieved from JAMA: <https://jamanetwork.com/journals/jama/fullarticle/2565298>
- Bronfenbrenner, U. (1977). Toward an Experimental Ecology of Human Development. *American Psychologist* , 32(7):513-531.
- Cape, G. S. (2003). Addiction, Stigma, and Movies . *Acta Psychiatrica Scandinavica*, 107(3): 163-169.

- Center for Disease Control and Prevention (CDC). (2019). *The Drug Overdose Epidemic: Behind the Numbers* . Retrieved from Opioid Overdose: <https://www.cdc.gov/drugoverdose/data/index.html>
- Centers for Disease Control and Prevention (CDC). (2019). *Data Analysis and Resources* . Retrieved from Opioid Overdose : <https://www.cdc.gov/drugoverdose/data/analysis.html>
- Clair, M. (2018). *Stigma: Forthcoming in Core Concepts of Sociology* . Retrieved from Harvard University : [https://scholar.harvard.edu/files/matthewclair/files/stigma\\_finaldraft.pdf](https://scholar.harvard.edu/files/matthewclair/files/stigma_finaldraft.pdf)
- Dickerson, P. (2012, June 23). *Youtube*. Retrieved from Paxton Dickerson : <https://www.youtube.com/watch?v=TDy-OqGyLqU>
- Division of Mental Health and Addiction Services . (2014). About Treatment/Getting Help . New Jersey .
- Ferri, M., & D., M. (2011). Heroin Maintenance for Chronic Hero-Independent Individuals. *Cochrane Database Syst. Rev.*
- Kaplan, L. (2018). Safe Injection Sites Save Lives . *The Nurse Practitioner* , 43(7), 13-15.
- Kelly, J. F., & Hoepfner, B. (2014). A Biaxial Formulation of the Recovery Construct. In J. F. Kelly, W. L. White, & eds., *Addiction Research and Theory* (pp. 23(1); 5-9). Totowa, NJ: Humana Press.
- Kelly, J. F., & White, W. L. (2011). Current Clinical Psychiatry. In J. F. Kelly, & W. L. White, *Addiction Recovery Management: Theory, Research, and Practice*. Totowa, NJ: Humana Press.
- Kosovski, J. R., & Smith, D. C. (2011). Everybody Hurt: Addiction, Drama, and the Family in the Reality Television Show Intervention. *Substance Use & Misuse* , 46(7): 852-858.
- McLellan, A. T., Lewis, D. C., O'Brien , C. P., & Kleber, H. D. (2000). Drug Dependence, a Chronic Medical Illness: Implications for Treatment, Insurance, and Outcomes Evaluation. *JAMA*, 284(13):1689-1695.
- National Alliance of Advocates for Buprenorphine Treatment . (2004, April 12). *Substance Use Disorders: A Guide to the Use of Language* . Retrieved from NAABT: <https://www.naabt.org/documents/Languageofaddictionmedicine.pdf>
- National Alliance of Advocates for Buprenorphine Treatment . (2008, June ). *The Words We Use Matters. Reducing Stigma through Language* . Retrieved from naabt: [https://www.treatmentmatch.org/\\_docs/NAABT\\_Language.pdf](https://www.treatmentmatch.org/_docs/NAABT_Language.pdf)
- National Institutes on Drug Abuse . (2020, July 13). *Drug Misuse and Addiction*. Retrieved from Drugs, Brains, and Behavior: The Science of Addiction: <https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction>
- Nerad, S., & Hosni, A. (2017, July 11-13). Recovery ally training: Recovery is spoken here. Oral presentation at: National Collegiate Recovery Conference. 8th Annual Conference of the Association for Recovery in Higher Education. Washington, DC.
- Prochaska, J. O., & Velicer, W. F. (1997). The Transtheoretical Model of Health Behavior Changes . *Am J HHealth Promot.*, 12(1):38-48.

- Recovery Research Insititute. (n.d.). *Recovery Research Insititute*. Retrieved from Recovery Answers: <https://www.recoveryanswers.org/recovery-101/pathways-to-recovery/>
- Roose , R., Fuentes, L., & Cheema , M. (2012). Message about Methadone and Buprenorphine in Reality Television: a Content Analysis of Celebrity Rehab with Dr. Drew. *Substance Use & Misuse* , 47(10): 489-497.
- Rosengren, D. B. (2009). *Building Motivational Interviewing Skills A Practioner Workbook*. New York City, NY: The Guilford Press.
- Skipper, G. E., & DuPont, R. L. (2011). The Physician Health Program: A Replicable Model of Sustained Recovery Management. In J. F. Kelly, W. L. White, & eds., *Addiction Recovery Management: Theory, Research, and Practice* (pp. 281-299). Totowa, NJ: Humana Press.
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2010, September ). *Recovery-Oriented Systems of Care (ROSC) Resource Guide* . Retrieved from SAMHSA: [https://www.samhsa.gov/sites/default/files/rosc\\_resource\\_guide\\_book.pdf](https://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf)
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2020, April 23). *Recovery and Recovery Support* . Retrieved from SAMHSA: <https://www.samhsa.gov/find-help/recovery>
- U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. (2016). *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS.
- U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. (2016). *Facing Addition in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS.
- Volkow, N. D., Chang, L., & Wang, G. J. (2001). Loss of Dopamine Transporters in Methamphetamine Abusers Recovers with Protracted Abstinence . *J. Neuroscience* , 21 (23):9414-9418.
- Volkow, N. D., Chang, L., & Wang, G. J. (n.d.). Loss of Dopamine Transporters in Methamphetamine .
- Woicik et al. (2009). The Substance USe Risk Profile Scale: a scale measuring traits linked to reinforcement-specific substances use profiles. *National Library of Medicine*, 34(12):1042-55.